

# Core 400 LLC

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Jul/17/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

lumbar/cervical/bilateral shoulders/right knee/ankle work hardening times ten days

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

M.D., Board Certified Physical Medicine and Rehabilitation; Board Certified Pain Management

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.**

The reviewer finds medical necessity does not exist for lumbar/cervical/bilateral shoulders/right knee/ankle work hardening times ten days.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines  
11/07/11 – Clinical Note –, MD  
11/10/11 – Clinical Note –DC  
12/02/11 – Initial Behavioral Medicine Consultation  
01/26/12 – Ct Cervical Spine  
03/22/12 – Clinical Note –, MD  
05/17/12 – Assessment For Work Hardening Program  
05/17/12 – Functional Capacity Evaluation  
05/17/12 – Multidisciplinary Work Hardening Plan And Goals Of Treatment  
05/24/12 – Clinical Note –MD  
05/25/12 – Pre-Authorization Request  
06/01/12 – Utilization Review Determination  
06/19/12 – Correspondence –DC  
06/19/12 – Pre-Authorization Request  
06/25/12 – Utilization Review Determination

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a female who sustained an injury on xx/xx/xx when her van was rear-ended while she was transporting clients. She saw Dr. on xx/xx/xx with complaints of pain to the head, neck, back, bilateral shoulders, upper arm, right knee, and ankle. Physical exam revealed decreased cervical range of motion. There was weakness of the right upper extremity. There was decreased range of motion of the thoracic and lumbar spine. There was evidence of significant myospasm and myositis. The deep tendon reflexes were equal bilaterally. Straight leg raise was weak on the right. The claimant was assessed with headache, cervical sprain/strain, thoracic sprain/strain, lumbar sprain/strain, bilateral shoulder sprain/strain, right knee sprain/strain, right knee contusion, and right ankle sprain/strain. Physical therapy and psychological evaluation were advised. The claimant was prescribed Flexeril and Norco. The claimant was seen for behavioral medicine consultation on 12/02/11. She complained of pain rating 8 to 10 out of 10. Mental status exam revealed a dysthymic mood with an appropriate affect. There was evidence of ruminations. There was no evidence of hallucination or delusion. The claimant's BDI score was 20, indicating moderate depression.

The claimant's BAI score was 48, indicating severe anxiety. The claimant's FABQ-W score was 42 and the FABQ-PA score was 24, indicating severe fear avoidance. The claimant was recommended for 6 sessions of individual psychotherapy.

CT of the cervical spine performed 01/26/12 revealed a central disc protrusion at C3-4 that contacted the anterior cord margins but did not definitely displace or compress the adjacent spinal cord. There was a shallow central disc bulge at C4-5 without associated cord or nerve root impingement. The claimant saw Dr. on 03/22/12 with complaints of neck and shoulder pain with radiation down the spine. Physical exam revealed full strength of the extremities. The deep tendon reflexes were 2+ and symmetric. There was altered sensation in the bilateral upper extremities. The claimant ambulated with a slow, non-ataxic gait. Straight leg raise was negative bilaterally. Cervical range of motion was limited. The claimant was recommended for CT myelogram of the cervical spine. A functional capacity evaluation performed 05/17/12 placed the claimant in the sedentary physical demand level, while the claimant occupation required a medium physical demand level. The patient was recommended for participation in a work hardening program. The claimant's work hardening goals dated 05/17/12 included pain reduction, reduction of muscular tension, reduction of anxiety and depression, reduction of sleep disturbance, realistic exploration of vocational options, and increased tolerance to 100% of highest work function. The claimant saw Dr. on 05/24/12 with complaints of chronic pain to the neck, right knee, right ankle, and low back. The claimant states the pain was intermittent. Physical exam revealed mild paracervical and paralumbar muscle spasm and tenderness. There was mild pain to range of motion of the neck and low back. There was full range of motion of the right arm. Physical exam revealed cervical sprain/strain, herniated cervical disc, right knee sprain/strain, right ankle sprain/strain, and post-traumatic headache. The claimant was prescribed Norco and Flexeril. The claimant was recommended for a work hardening program.

The claimant was evaluated on 05/25/12. The note states the claimant had completed 10 sessions of physical therapy and 4 sessions of individual psychotherapy to date. The note states the claimant demonstrated modest improvement with outpatient physical therapy. The claimant had been recommended for work hardening due to persistent functional deficits. The request for work hardening was denied by utilization review on 06/01/12 as the claimant demonstrated multiple inconsistencies during the functional capacity evaluation. Work hardening was not justified based on the effort demonstrated in the functional capacity exam. The claimant did not appear to have completed all medical interventions as recommended by her treating provider. A letter dated 06/19/12 states the claimant had been terminated by her employer on 03/02/12. The note states the claimant would benefit from the program to explore her vocational options to help her return to work. The claimant's BDI score increased to 31, indicating severe depression. The note states the claimant required work hardening due to the group psychotherapeutic component. An FCE rebuttal letter dated 06/19/12 states

the claimant had a coefficient of 15%. The note states the claimant's leg lifts were inconsistent due to increased pain on subsequent lifts. The note states the claimant displayed a valid clinical effort while performing the exam. The request for work hardening was denied by utilization review on 06/25/12 as the claimant demonstrated multiple inconsistencies during the functional capacity evaluation. The clinical documentation indicated that the claimant had been terminated from her job and there was no job to return to. There was no documentation that the claimant was not a candidate for lower levels of care, to include work conditioning. Additionally, the claimant had already undergone physical therapy and individual psychotherapy, and evidence based guidelines do not support repetition of a similar program.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

The functional capacity evaluation provided for review revealed multiple inconsistencies and it is unclear what the claimant's abilities are from the functional capacity evaluation. The clinical documentation does not indicate that the claimant has exhausted all other lower levels of care. The claimant is not currently working and there is no specific outline regarding a plan to return to work. As the clinical documentation provided does not meet ODG recommendations for the requested service, the reviewer finds medical necessity is not established for lumbar/cervical/bilateral shoulders/right knee/ankle work hardening times ten days.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)